

BUREAU OF LICENSING AND CERTIFICATION DS/ABD CERTIFICATION TOOL FOR CPS PROGRAMS

<https://www.dhhs.nh.gov/oos/bhfa/community-residences.htm>

Site Address				Date of Review	
Cert #				Reviewer Name	
Individual Name			Date of Birth	Guardian Name and Contact Information (if applicable)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the individual's record include names and telephone numbers of persons to be notified in an emergency, as well as medical contacts? He-M 507.08(d)(1)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the service agreement include the requirements of He-M 503.10(h)(1)? He-M 503.10(h)(1) or He-M 522.12(d)(1)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Do monthly progress reports reflect services and are goals stated in the service agreement? He-M 503.10(m)(1)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Do CPS schedules contain the days, times and locations of all activities? He-M 507.08(e)(2), He-M 507.08(e)(2)a.1., He-M 507.08(e)(2)a.2., He-M 507.08(e)(2)a.3, and He-M 507.03(e)(2)b.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Do daily CPS notations include the name of the individual, the date the service was provided, activities that took place, the location of those activities, and who provided the service? He-M 507.08(e)(3)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the guardian been notified of rights annually, and has the rights notification been updated and signed as required? He-M 310.04(b)(4)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the health assessment been completed annually? RSA 171-A:11, I(a)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are allergies consistent throughout the record? He-M 507.08(e)(5)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Has the HRST tracking sheet been completed accurately each month? He-M 503.12(a)(6)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Have all individuals been initially assessed to determine the level of support needed specific to medication administration? He-M 1201.04(a)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes above, is the individual capable of self-administration?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes above, was a self-administration assessment completed annually by the nurse trainer, and approved by the guardian? He-M 1201.05(d) and He-M 1201.05(e)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	For individuals that have medications administered to them by authorized providers, are there medication orders for all medications administered to the individual? He-M 1201.04(f) and He-M 1201.04(g)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	For individuals that have medications administered to them by authorized providers, are PRN Protocols present for all PRN medications? He-M 1201.04(h)(2)a.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are controlled medications being counted as required?		

			He-M 1201.07(f)(5)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the record of service operation include a daily census? He-M 507.08(f)(2)	